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CONFIRMATION NO. 3409

SERIAL NUMBER 10/617,888	FILING DATE 07/14/2003 RULE	CLASS 424	GROUP ART UNIT 1633	ATTORNEY DOCKET NO. 01107.00369
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/395,821 07/15/2002

** FOREIGN APPLICATIONS *****

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/14/2003

Foreign Priority claimed ☐ yes ☒ no
 35 USC 119 (a-d) conditions ☐ yes ☒ no ☐ Met after
 met
 Verified and *Allowance*
 Acknowledged Examiner's Signature Initials

STATE OR
COUNTRY
MD

SHEETS
DRAWING
41

TOTAL
CLAIMS
53

INDEPENDENT
CLAIMS
15

ADDRESS

22907
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TITLE

Neuronal and optic nerve gene expression patterns

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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